



Commonwealth  
of Massachusetts

Center for Health  
Information and Analysis

# All Payer Claims Database Data Volume Reports

## 2008 - 2012

### March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: [CHIA-APCD@state.ma.us](mailto:CHIA-APCD@state.ma.us).

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)  
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

**Connecticut General Life Insurance Company - FAC**

File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	125	125
PR	2011	0	0	82	0	125	78	0	0	120	0	0	85	490
PR	2012	0	0	85	0	0	83	0	0	79				247
ME	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2010	0	0	0	0	0	0	0	0	0	0	0	16,425	16425
ME	2011	17,210	17,351	15,616	15,891	15,587	14,217	15,246	15,178	15,241	14,774	14,973	11,680	182,964
ME	2012	10,758	10,336	10,341	10,071	9,929	9,779	9,716	9,652	10,168	9,629			100,379
PV	2011	3,678	4,221	1,938	4,016	24,047	4,505	3,686	3,684	3,685	3,329	3,430	2,570	62,789
PV	2012	2,211	2,063	2,233	1,984	1,851	1,762	1,586	1,938	1,563	2,043	1,604		20,838
MC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2010	1,679	5,834	6,544	6,167	6,406	6,721	6,257	6,088	6,647	6,987	7,954	8,154	75,438
MC	2011	6,979	6,836	7,556	7,119	8,109	7,775	6,118	6,704	6,932	6,395	6,706	4,443	81,672
MC	2012	3,592	3,552	3,385	3,005	2,657	2,892	2,651	2,976	2,140	2,802	2,384		32,036
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	1,982	2,351	2,177	2,431	2,209	3,643	2,300	2,326	2,449	2,470	2,815	3,516	30,669
PC	2011	2,986	2,843	3,182	2,311	2,691	2,243	2,192	2,250	1,927	454	1,529	1,375	25,983
PC	2012	1,158	1,138	1,001	1,017	1,025	1,024	1,020	1,044	999				9,426
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	307	462	634	584	558	520	544	475	609	538	506	588	6325
DC	2011	525	324	265	202	304	268	166	174	127	156	151	79	2741
DC	2012	66	54	98	70	29	47	47	35	45	41	34		566

**\*Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

**The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:**

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

**These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.**











